

U.S. Department of Justice
United States Marshals ServicePROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Michaela Karle	COURT CASE NUMBER 3:14-CV-30002-MAP
DEFENDANT Capital One	TYPE OF PROCESS Serving of Complaint

SERVE { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
AT { Progressive Direct Insurance
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
 6300 Wilson Rd. Mayfield Village, OH 44143

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285
Michaela Karle 79 Thompson St. Springfield, MA 01109	1
	Number of parties to be served in this case
	Check for service on U.S.A.

RECEIVED
U.S. MARSHAL
DEPARTMENT OF JUSTICE
MAY 30 2014
100-14474-100-14474

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of: <i>Michaela Karle</i>	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT	413-887-8804	4/18/14

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 38	District to Serve No. 38	Signature of Authorized USMS Deputy or Clerk <i>Mal W. Kelly</i>	Date 4/22/14
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I hereby certify and return that I have personally served, I have legal evidence of service, I have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

Kathy Kusiek 440-395-3377

A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date 5/8/14 Time 1:00 am pm

Signature of U.S. Marshal or Deputy
Mal W. Kelly

Service Fee <i>\$55.05</i>	Total Mileage Charges including endeavors <i>560 x .32 8,17.92</i>	Forwarding Fee <i>\$8</i>	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) <i>90</i>
					\$0.00

REMARKS: Fwd ND/10H - 4/30/14

\$55 + 17.92 + 8 = \$80.92

PRINTS & COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Postal Service™
Case 3:14-cv-30062-MAP
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		Postmark Here
Restricted Delivery Fee (Endorsement Required)		
Total Postage		
Sent To		
Street, Apt or PO Box		
City, State,		

United States Marshals Service
Northern District of Ohio
U.S. Courthouse
801 West Superior Ave, S-12-100
Cleveland, OH 44113-1853
Attn: Service of Process

PS Form 3800, August 2006 *See Reverse for Instructions

U.S. Department of Justice

United States Marshals Service

District of Massachusetts

300 State Street, S-101, Springfield, MA01109

TO: United States Marshals Service
Northern District of Ohio
U.S. Courthouse
801 West Superior Ave, S-12-100
Cleveland, OH 44113-1853

FROM: Daniel Spellacy

SUBJECT: SERVICE OF PROCESS 3:14-CV-30062

Enclosed please find:

USM-285 Form 1
S&C 1

Remarks: Please, kindly serve the attached S&C and return the USM-285 Form
proof of service to the above address

Thank you!

Enclosure(s)

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

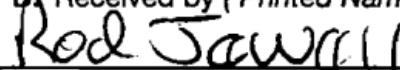
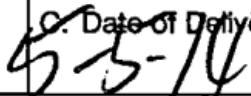
1. Article Addressed to:

United States Marshals Service
Northern District of Ohio
U.S. Courthouse
801 West Superior Ave, S-12-100
Cleveland, OH 44113-1853
Attn: Service of Process

2. Article Number

(Transfer from service lab)

2012 3050 0000 7258 0684

COMPLETE THIS SECTION ON DELIVERY**A. Signature****X** Agent Addressee**B. Received by (Printed Name)****C. Date of Delivery****D. Is delivery address different from item 1?** Yes**If YES, enter delivery address below:** No**3. Service Type** Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.**4. Restricted Delivery? (Extra Fee)** Yes